

## [OSu028] PERITONEAL DIALYSIS DOSE IN EUROPE: ASSESSMENT OF PRACTICE PATTERNS IN 6 REGISTRIES

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### **INTRODUCTION AND AIMS:**

The purpose of this study, on behalf of the QUEST initiative, was to investigate peritoneal dialysis (PD) dose practice patterns in different European countries in the light of the European Best Practice Guidelines (EBPG) and to study the associations of patient characteristics and country with low weekly total Kt/V urea.

### **METHODS:**

Renal registries in Europe were asked to contribute to the study with individual patient data on weekly total (peritoneal and kidney) Kt/V urea. Additional items were age, sex, date of first renal replacement therapy (RRT), dry weight, height, PD modality and diabetic status. Multivariate logistic regression was used to study the probability of having Kt/Vurea < 1.7 per week.

### **RESULTS:**

Six registries contributed data on 1,413 patients over 18 yr, on PD at 31 December 2008. Median age was 62 years, 47% were women, 30% had diabetes, median time since first RRT was 22 months and 53% were treated with continuous ambulatory peritoneal dialysis. The median weekly Kt/V was 2.2 (range 1.9-2.4 across countries). Eighty-eight percent of the patients had at least a Kt/V of 1.7 per week as recommended by the EBPG (range 81%-97% across countries). In multivariate analysis, risk factors of having a Kt/V less than 1.7 were gender (RR for male: 2.5 [95%CI 1.7-3.6]) and PD modality (RR for CAPD: 1.6 [95%CI 1.1-2.2]). Age, diabetes, body mass index and RRT duration were not associated with the risk of having lower Kt/V.

Differences in Kt/V value across registries may be due to the different models and computer programs used to measure Kt/V as well as the sample used (aliquot or total volume exchange).

### **CONCLUSIONS:**

This study of the adequacy of PD in 6 European registries shows that 88% of patients have at least a Kt/V of 1.7 per week, as recommended by the EBPG. But this study also points out the difficulty of obtaining and comparing Kt/V values under current registry practices.

### **DISCLOSURE:**

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